

2005 Seventh Annual International Symposium on Advanced Radio Technologies

March 1 – 3, 2005

Boulder, Colorado

FAX the completed form to:

Wayde Allen

FAX: 303-497-5323, Phone: 303-497-5871

E-mail: wallen@its.bldrdoc.gov

Last name _____

First name _____

Country of Citizenship _____

Date of Birth* _____ Place of Birth* _____

Passport Number* _____

Company/Affiliation _____

Address _____

City _____

State _____ Zip Code _____

Country _____

Phone _____ Fax _____

Email _____

Require Handicap Services? _____

*NOTE: Date and Place of Birth (city, state, country) and passport number are required in order for any non-DoC personnel to attend any non-U.S. citizen event on the DoC campus. If the requested information is not provided for security to accomplish background checks, access to the site will be denied.

TYPE OF REGISTRATION**

☐ Full Fee (\$350.00)

☐ Student Fee (\$284.00)

☐ Speaker

**Refund requests must be submitted in writing by 02/23/2005

PAYMENT TYPE

☐ Payment on site – **MUST BRING CREDIT CARD INFORMATION & PAYMENT TO CONFERENCE**

TUTORIAL SELECTION

Select which parallel tutorial you wish to attend March 1, 10:15 am – 12:15 pm

☐ Tutorial A – Flexible Spectrum Use Rights

☐ Tutorial B – SAFECOM

☐ Tutorial C – Radar Emissions and their Detection

☐ I will not attend a tutorial

The information provided in this registration form will be used for the following purposes: To create a conference name badge; to publish a participants list for this conference; to compile mailing lists for future conferences; and to run background checks of each visitor attending a DoC sponsored event at our facility.

☐ Check here if you do **not** want your information published in the participant's list or conference mailing list.